#### P.O. Box 12070 (512)463-5800 FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT** 7389 COVER SHEET PG 1 ACCOUNT # 2 PAGE# The JC/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 1 of 13 00000001 MS / MRS / MR CANDIDATE / FIRST OFFICE USE ONLY OFFICEHOLDER Hon. **GUY** NAME Date Received NICKNAME LAST SUFFIX **HERMAN** CANDIDATE / ADDRESS / PO BOX, APT / SUITE #: CITY; STATE: ZIP CODE OFFICEHOLDER MAILING P.O. Box 2561 Austin, TX 78768 **ADDRESS** Date Hand-delivered or Date Costman of ĽΠ Change of Address $\circ$ 0 S Receipt# MS / MRS / MR **CAMPAIGN** Date Processed Ms. Martha TREASURER NAME Date Imaged NICKNAME LAST Dickie SUFFIX STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE: ZIP CODE CAMPAIGN CITY: TREASURER 2301 Capital of Texas Highway **ADDRESS** Bldg. H (Residence or business) Austin, TX 78746 AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE (512) 474-9486 8 REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) Month 9 PERIOD Day Yea Day Year COVERED THROUGH 01/01/2010 06/30/2010 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff X General Special 11/02/2010 OFFICE HELD (if any) Travis County Probate Judge 12 OFFICE SOUGHT (if known) Travis County Probate Judge 11 OFFICE 13 NOTICE OF Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BY OTHER Name **INDIVIDUALS** Address/PO Box; Apt. / Suite #; City: Zip Code additional pages

**GO TO PAGE 2** 

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS

P.O. Box 12070

14 C/OH NAME HERI	MAN, GUY (Hon.)		15 ACCOUNT # (E 00000001	thics Commission filers)
16 NOTICE FROM  This box is for notice of political expenditures have been made without the candidate's or office information only if they receive notice of such exp		otice of political expenditures by political committees to support the canout the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures	andidate / officeholder. The tes and officeholders are i	ese expenditures may required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$	0.00
	i	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$	116.33
	4. TOTAL	POLITICAL EXPENDITURES	\$	9,161.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	104,099.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00
8 AFFIDAVIT		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Coo	all information require	
(B)	ORMA LEDESN lotary Public, Store of Tex My Commission Expires MAY 28, 2012	Jun Her	Candidate or Officehold	er
AFFIX NOTARY S	STAMP / SEAL ABOV	Bundlenman	, this the	<u>/3</u> day
of to fully .	20 <u>10</u> to ce	rtify which, witness my hand and seal of office.		1

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

### SCHEDULE A (J)

OIRE	THAN PLEDGES OR LOA	אועטנ) פא	IAL)
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/13
2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (Ethics Commission fliers) 00000001	
4 Date	5 Full name of contributor	¥)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
01/11/2010	6 Contributor address; City; State; Zip Code 404 W. 13th Street Austin, TX 78701-1825		\$100.00
		<u></u>	(If travel outside of Texas, complete Schedule T)
9 Contributor's p Law	principal occupation	10 Contributor's job Attorney	title
11 Contributor's of Solo private	employer / law firm law practice	12 Law firm of cont	ributor's spouse (if any)
13 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	<u> </u>	Amount of In-kind contribution contribution (\$) description (if applicable)
01/29/2010	Contributor address; City; State; Zip Code 2803 Scenic Drive Austin, TX 78703		\$250.00
Contributor's p Law	principal occupation	Contributor's job Attorney	(If travel outside of Texas, complete Schedule T)
	employer / law firm ant, Campbell & Schwartz, LLP	Law firm of cont District Judge	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	<del>‡</del> )	Amount of In-kind contribution contribution (\$) description (if applicable)
01/11/2010	Contributor address; City; State; Zip Code 1301 S. IH 35 #304		\$100.00
	Austin, TX 78741		(If travel outside of Texas, complete Schedule T)
Contributor's p Law	rincipal occupation	Contributor's job Attorney	title
Contributor's e Solo private	employer / law firm law practice	Law firm of conti	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

# POLITICAL CONTRIBUTIONS

CHEDINE A (I)

THE INSTRUC	TION GUIDE explains how to complete this form.		1 PAGE#
FILER NAM	E HERMAN, GUY (Hon.)		Schedule: 2/2 Report: 4/13  3 ACCOUNT # (Ethics Commission filers)
Date 01/26/2010	5 Full name of contributor		7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$250.00
Contributor'	s principal occupation	10 Contributor's joi	(If travel outside of Texas, complete Schedule T)
Law	s principal occupation	Attorney	o nae
	s employer / law firm orin, P.C. Attorney	12 Law firm of con	tributor's spouse (if any)
3 If contribute	r is a child, law firm of parent(s) (if any)		

Texas Ethics Commission

POLITIC	CAL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ting Legal Services Solicitation/Fundra	ontract Labor ilsing Expense rict lental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE# Schedule: 1/7 Re	2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name		
06/04/2010 6 Amount (\$) \$64.90	Apple Store #R216 7 Payee address City; State; Zip Code 11410 Century Oaks Terrace Austin, TX 78758		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (i iPad cover	travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	it: Office held:
Date	Payee name		
06/04/2010 Amount (\$)	Apple Store #R216 Payee address City; State; Zip Code		
\$1,004.56			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (I iPad	ftravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:
Date 04/17/2010	Payee name Cinco de Mayo Committee c/o Margaret Gomez	<u> </u>	
Amount (\$) \$25.00	Payee address City; State; Zip Code 314 W. 11th Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		travel outside of Texas, complete Schedule T)  officeholder sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:
Date 06/07/2010	Payee name Democratic National Committee		
Amount (\$) \$250.00	Payee address City; State; Zip Code 430 South Capitol St., SE Washington, DC 20003		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (II DNC Vote 201	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t: Office held:

1-800-325-8506

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

P.O.Box 12070

**EXPENDITURE CATEGORIES** Saleries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Experience Event Expense Fees	nse Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	t Contribution istrict Candidati I/Runtal Expense OTHER (en	s/Donations Made By a/Officeholder/Political Committee ler a category not listed above)
1 PAGE# Schedule: 2/7 Re	2 FILER NAME HERMAN, GUY (Hon.)		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name		00000001
02/24/2010	Gianotti, Michael (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$72.66 }	902 Harvard Drive Pflugerville, TX 78660		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outsi	de of Texas, complete Schedule T)
) PURPOSE OF	Food/Beverage Expense		rt Auditor's birthday lunch
EXPENDITURE		(Pizza Hut)	
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
06/16/2010	Gianotti, Michael (Mr.)		
Amount (\$)	Payee address City; State; Zip Code		
\$20.90	902 Harvard Drive Pflugerville, TX 78660		
}			
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Reimbursement for office	e coffee
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
01/04/2010	Herman, Guy (Hon.)		
Amount (\$)	Payee address City; State; Zip Code		
\$36.00	P.O. Box 2561 Austin, TX 78768		
{			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Reimbursement for lunc	h with Sheryl Cole to
EXPENDITURE		discuss mental health is	sues (on Schedule G)
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		eee ee agni.	2
Date	Payee name	<u></u>	
02/23/2010	Herman, Guy (Hon.)		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	P.O. Box 2561		(
\$ 155,50	Austin, TX 78768		(
	0.1	Department of the second of th	
PURPOSE	Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	, ,	de of Texas, complete Schedule T) []] ng baseballs for sponsored
OF EXPENDITURE	con repayment telinousement	Northwest Little League	team (on Schedule G)
EAPENULTURE			ĺ
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fræs	Printing Expense Office Overhead  The Instruction Guide explains he	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/7 Re	1 company acres as	00000001
4 Date	5 Payee name	
04/29/2010	Herman, Guy (Hon.)	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$55.32	P.O. Box 2561 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement for 3/18 lunch with Court's social work interns (on Schedule G)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
05/25/2010	Herman, Guy (Hon.)	
Amount (\$)	Payee address City; State; Zip Code	
\$757.70	P.O. Box 2561 Austin, TX 78768	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Officeholder education	Description (If travel outside of Texas, complete Schedule T) Reimbursement for Rosetta Stone computer software; Spanish (on Schedule G)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
02/24/2010	Nisbett, Christy (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	
\$28.45	5100 Lea Cove Austin, TX 78731	
DUE 2005	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Reimbursement for office coffee & for Court
EXPENDITURE		Auditor's birthday cake (Whole Foods)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/17/2010	Nisbett, Christy (Ms.)	
Amount (\$)	Payee address City; State; Zip Code	į
\$57.86	5100 Lea Cove Austin, TX 78731	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Reimbursement for purchase of laminator & laminating sheets
EXPENDITURE		latimating streets
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expanse Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expensa The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME PAGE # 3 ACCOUNT # (TEC filers) HERMAN, GUY (Hon.) Schedule: 4/7 Report: 8/13 00000001 4 Date 5 Payee name Northwest Little League 02/12/2010 6 Amount (\$) Payee address City: State: Zip Code 3105 Hunt Trail \$550.00 Austin, TX 78757 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Sponsorship & banner for Little League team **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Northwest Little League 05/05/2010 Amount (\$) Payee address City: State: Zip Code 3105 Hunt Trail \$1,000.00 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation to 'Let There Be Light' campaign Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Sam Biscoe Special Projects 05/11/2010 Amount (\$) Payee address City: State: Zip Code 314 W. 11th Street \$25.00 Suite 520 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Officeholder sponsorship for 2010 Juneteenth Event Expense OF Celebration **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Scanlon, Tanya (Ms.) 02/26/2010 Amount (\$) Payee address City, State Zip Code 11512 Tin Cup Dr. \$24.00 #109 Austin, TX 78750 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimbursement for Melissa's birthday cake (Sweetish Hill) EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

**EXPENDITURE CATEGORIES** 

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services nse Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Guide explains how to complete to	Transporta Contribution Candida OTHER (er	yment/Reimbursement ition Equipment & Related Expense ns/Donations Made By te/Officeholder/Political Committee nter a category not listed above)
1 PAGE#	2 FILER NAME			3 ACCOUNT # (TEC filers)
l • · · · · · · · ·	T DEBMAN OUNCE	ן מר		00000001
Schedule: 5/7 Re	port. or to			00000001
4 Date	5 Payee name			
03/03/2010	Scanlon, Tanya (Ms.)	7. 0-1-		<del></del>
6 Amount (\$)	7 Payee address City; State;	Zip Code		
\$18.98 }	11512 Tin Cup Dr. #109 Austin, TX 78750			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Expense	of this schedule) (b) Descrip Office		ide of Texas, complete Schedule T)
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offi	ce sought:	Office held:
Date	Payee name			
05/10/2010	Scanion, Tanya (Ms.)			
Amount (\$)	Payee address City; State;	Zip Code		
\$16.80	11512 Tin Cup Dr. #109 Austin, TX 78750	.,		
	Category (See Categories listed at the top of	of this schedule) Descrip	tion (If travel outs	ide of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense			stries & OJ for Mike's birthday
EXPENDITURE		(Upper	Crust & HEB)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offi	ce sought;	Office held:
Date	Payee name			
06/22/2010	Scanlon, Tanya (Ms.)			
Amount (\$)	Payee address City; State;	Zip Code		
\$16.99	11512 Tin Cup Dr. #109 Austin, TX 78750			
PURPOSE	Category (See Categories listed at the top o Food/Beverage Expense		•	ide of Texas, complete Schedule T)  int's birthday cookies (Tiff's
OF EXPENDITURE	I 	Treats)	J	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offi	ce sought:	Office held:
Date	Payee name		<u> </u>	
02/16/2010	Texas Guardianship Association			
Amount (\$)	Payee address City; State;	Zip Code		
\$80.00	P.O. Box 24037 Waco, TX 76702-4037	•		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Fees		tion (If travel outs 2010 membersi	ide of Texas, complete Schedule T}  inip renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offic	ce sought:	Office held:

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Experience Event Expense	nse Food/Beverage Expense Polling Expense	Solicitation/Fundraising Expense Travel In District Travel Out Of District	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense The Instruction G	Office Overhead/Rental Expense Suice explains how to complete this for	OTHER (enter a category not listed above)  prm.
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 6/7 Re	<u> </u>	n.)	0000001
4 Date 02/23/2010	5 Payee name Texas Hardball		
6 Amount (\$)	7 Payee address City; State;	Zip Code	
\$125.00 	PO Box 2352 Round Rock, TX 78680		
8 PURPOSE	(a) Category (See Categories listed at the top of Contributions/Donations Made By		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Candidate/Officeholder/Political Con	nmittee	actioe, 2/22/2010
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held:
Date 01/07/2010	Payee name The Villager		
Amount (\$)	Payee address City; State;	Zip Code	
\$500.00	1223-A Rosewood Ave. Austin, TX 78702		
PURPOSE OF	Category (See Categories listed at the top of Advertising Expense		(If travel outside of Texas, complete Schedule T) (I) vertisement in MLK edition
EXPENDITURE			
L			
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ught: Office held
direct expenditure to benefit C/OH Date	Payee name	Office so	ught: Office held
direct expenditure to benefit C/OH  Date  06/28/2010	Payee name Travis County Democratic Party		ught: Office held
direct expenditure to benefit C/OH Date	Payee name		ught: Office held
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$)	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of	Zip Code  f this schedule) Description	(If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$) \$2,790.00	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263	Zip Code  f this schedule)  Description Overhead e	
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$) \$2,790.00  PURPOSE OF	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By	Zip Code  f this schedule)  Description Overhead e	(If travel outside of Texas, complete Schedule T) [] : expenses 2010-2012; remaining pro rata
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$) \$2,790.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions/ Contributions/ Contributions/ Candidate / Officeholder name	Zip Code  f this schedule) Description Overhead e share	(If travel outside of Texas, complete Schedule T) [] : expenses 2010-2012; remaining pro rata
direct expenditure to benefit C/OH  Date  06/28/2010  Amount (\$)  \$2,790.00  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  05/15/2010	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions/Officeholder name  Candidate / Officeholder name  Payee name Truluck's of Austin	Zip Code  f this schedule)  Description Overhead e share  Office so	(If travel outside of Texas, complete Schedule T) []    xpenses 2010-2012; remaining pro rata
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$) \$2,790.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/15/2010  Amount (\$)	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions/Officeholder name  Candidate / Officeholder name  Payee name Truluck's of Austin Payee address City; State;	Zip Code  f this schedule)  Description Overhead e share  Office so	(If travel outside of Texas, complete Schedule T) []    xpenses 2010-2012; remaining pro rata
direct expenditure to benefit C/OH  Date  06/28/2010  Amount (\$)  \$2,790.00  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  05/15/2010	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions/Officeholder name  Candidate / Officeholder name  Payee name Truluck's of Austin	Zip Code  f this schedule)  Description Overhead e share  Office so	(If travel outside of Texas, complete Schedule T) []    xpenses 2010-2012; remaining pro rata
direct expenditure to benefit C/OH  Date 06/28/2010  Amount (\$) \$2,790.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/15/2010  Amount (\$)	Payee name Travis County Democratic Party Payee address City; State; P.O. Box 684263 Austin, TX 78768-4263  Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions/Contributions/Contributions/Contributions/Donations Made By Candidate / Officeholder name  Candidate / Officeholder name  Payee name Truluck's of Austin Payee address City; State; 400 Colorado	Zip Code  f this schedule)  Description Overhead e share  Office sor  Zip Code  f this schedule)  Description Gift certifica	(If travel outside of Texas, complete Schedule T) []    xpenses 2010-2012; remaining pro rata

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506
POLITIC	AL EXPENDITURES	sc	HEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundraising Expense	Loan Repayment/Reimbur: Transportation Equipment Contributions/Donations M Candidate/Officeholder// OTHER (enter a catégory to	& Related Expense ade By Political Committee
1 PAGE# Schedule: 7/7 Re	port: 11/13 2 FILER NAME HERMAN, GUY (Hon.)		OUNT # (TEC filers) 00001
4 Date 02/02/2010	5 Payee name Voigt, Melissa (Ms.)		
6 Amount (\$) \$27.00	7 Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Office water	(If travel outside of Texas, co er; intern share	omplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office so	ought: Off	ice held:
Date 04/17/2010	Payee name Voigt, Melissa (Ms.)		-
Amount (\$) \$24.00	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Pood/Beverage Expense  Office water	(If travel outside of Texas, co er; intern share	omplete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office so	ought: Off	ice held:
Date 05/05/2010	Payee name Voigt, Melissa (Ms.)		
Amount (\$) \$24.60	Payee address City; State; Zip Code P.O. Box 96 Red Rock, TX 78662		
PURPOSE OF EXPENDITURE	Category (See Categories tisted at the top of this schedule)  Pood/Beverage Expense  Office water	(If travel outside of Texas, or er; intern share	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office so	ought: Offi	ice held:

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Printing Expense	Travel In District Travel Out Of District Office Overhead/Rental UIDE explains how to c		Candidate/Of OTHER (enter a	onations Made By ficeholder/Political Committee category not listed above)
1 PAGE#	2 FILER NAME			-	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 12/13 HERMAN, GUY (Ho	n.)		1	00000001
4 Date 05/05/2010	5 Payee name Apple Store #R216				
6 Amount (\$)	7 Payee address City; State;	Zip Code		<del>-</del>	
\$757.70  Reimbursement from political contributions intended	Austin, TX 78758				- !
8 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b		•	f Texas, complete Schedule T)
OF	OTHER - Officeholder education		Rosetta Ston	e computer so	oftware; Spanish
EXPENDITURE					
}		-			
}					
Date	Payee name				
01/04/2010	Cantina Laredo				
Amount (\$)	Payee address City; State;	Zip Code			
\$36.00	201 W. 3rd Street	_ <b>,</b>			
Reimbursement from political	Austin, TX 78701				
contributions intended					
PURPOSE	Category (See Categories listed at the top of	this schedule)	•		f Texas, complete Schedule T)
OF	Food/Beverage Expense	}	Lunch meetir	ng with Sheryl scuss mental	Cole, Austin City
EXPENDITURE			Council, to di	Souds memor	iloaitii issacs
,					
Date	Payee name				
02/23/2010	Northwest Little League				
Amount (\$)	Payee address City; State;	Zip Code			
\$100.00	3105 Hunt Trail Austin, TX 78757				
Reimbursement trom political contributions intended	Ausun, 1X 10101				ł
contributions intended	Category (See Categories listed at the top of	this schedule)	Description	/If travel outside o	f Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	(ins soriosais)	•	•	ponsored Northwest
OF EXPENDITURE	Candidate/Officeholder/Political Com	mittee	Little League		
1					
					_
Date	Payee name				
03/18/2010	Shoal Creek Saloon				
Amount (\$)	Payee address City; State;	Zip Code			
\$55.32	909 North Lamar Boulevard				ì
Reimbursement from political contributions intended	Austin, TX 78703-4946				Ì
contributions intended	Cotogony (See Cotogonics listed at the house	this sahadula'	Description	(If travel autora) -	Toyon complete Schooling TV
PURPOSE	Category (See Categories listed at the top of Food/Beverage Expense	uns scriedule)	-	(IT travel outside o ourt's social w	f Texas, complete Schedule T) [] ork_interns
OF EXPENDITURE	- 130, more, mgs —npondo				
CAFERDITORE					Į.
		}			
		}			}

#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

P.O.Box 12070

SCHEDULE 1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The INSTRUCTION GUIDE explains how to complete this form.
1 PAGE# Schedule: 1/1 Re	2 FILER NAME (TEC filers)  Beport: 13/13
4 Date 01/12/2010	5 Payee name Goodwin, Kathy (Ms.)
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 1707 Giles Street Austin, TX 78722-1203
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description (See instructions regarding type of information required.) Donation towards new floor for Sheryl Green, former shuttle bus driver on SSI Disability